REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Police	
City Attorney Bureau of Fire Prevention	DATE: 6/24/03
Health Dept.	RETURN BY: 7/11/03
CATERER:	NON-CATERER: XX
APPLICANT: GREEK ORTHODOX CHURCH OF THE ANN	NUNCIATION
APPLICANT'S ADDRESS:950 NO 63 RD STREET	
ADDRESS OR LOCATION OF PREMISES TO BE COVERED IN IMMEDIATELY SOUTH & ADJACENT TO THE CHURCH DATE(S) OF EVENT: SEPTEMBER 19, 20, 21, 2003	
TIME(S) OF EVENT: 9/19: 5P-10P; 9/20: 10A-10P & 9/21: 12N	NOON TO 5P
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APPROV	VAL OR DENIAL
PAPPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
Rufik #843	6-26-03
Signature (If needed, use back for addition	Date
PUBLIC HEARING BEFORE COUNCIL: JULY 14, 2003	
(SDLRPT.JER)	AA
non projet form also on fil	ey Clerk

PLEASE TYPE OR PRINT APPLICATION FOR SPECIAL DESIGNATED LICENSE APPLICANT MUST COMPLETE NEBRASKA LIQUOR CONTROL COMMISSION ALL SECTIONS OF THIS FORM

P.O. Box 95046, Lincoln NE 68509

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD
 □ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event □ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission □ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day □ LOCAL APPROVAL must be included with this application □ A Signed Statement from Local Police Chief or County Sheriff (question #12) □ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of feder income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an office of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits
2. Status of the Applicant (check one)
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service Corporation Corporation Museum Corporation Corporation Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code) And Class (Example C/K) GYERK OFTHOOLOX CYUYCH OF TYINLUICIOTION 150 N 1030 St 1 1000 N NE (29505) SCATE OF Char
4. Address or location of premises to be covered by license, (City, County Number, Zip Code) Church parking to Lincoln I Cancaster County (68505 Fenced area
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES ANO 63-44 X 44. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event whe it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable law ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
GROYGE KUSUS: (400)730-7340 (P) (400)403-3000 WOYK BATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.) FYROM 09-19-03 - HAVIL SUNDAY 09-21-03 - 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
FROM: Sport (example 8am to 1am, this is considered one day) FROM: Sport To: 10pm flore 10an to 10pm from 13pm to 5pm 10. Describe the Type of Activity to be carried on during the time period for which the license is requested. TYPET K FROST WALFOOT, BAIND DOINE GROUP to DEFORM, MOSE Sales
1. Provide an estimated number of attendees at this event If the number of attendees is over 250 attach a separate page

2. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER S APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. OK DET INVERSTIGATOR RUSS FO

3. List the number of SDL's that you have applied for at this specific location in the last six months.

ndicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR SPECIAL DESIGNATED LICENSE UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises:	
Dimensions of area to be covered by license: x Please draw in the space provided below.	, the area where
liquors will be sold and consumed. LENGTH WIDTH (In feet)	
see attachment	
all allown to	
If outdoor area, how will premises be separated from areas open to the general public? \Box Fence Tent \Box Other (if other	r, please explain)
If outdoor area, now will premises be separated from areas open to the general public.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. Is the premises to be covered by the license located within the city/village limits?	YES INO
13. Is the premises to be covered by the ficense located within the city/vinage fants.	-
16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indig	ent persons
or for veterans, their wives or children?	X YES □ NO
or for veterans, their wives or children?	
	11:
17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name an	d license number.
18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?	VIVES DNO
18. Will the premises to be covered by the license comply with all Nebraska sanitation laws?	×6152 =140
	Myce DNO
19. Are there separate toilets for both men and women?	Þ(1E3 □NO
20. Other information or requests by the applicant:	
21. Will there be any games of chance operating during the event? YES INO	Il athau famme of
NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All	Hottler forms of
gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an applicant the state of the	Hoti for a Speciar
Designated License under the Liquor Control Act and is not a gambling permit application. 22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this a	polication are true
to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kin	d including police
records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State I	Patrol or any other
individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the	license applied for
will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supe	ervised by persons
directly responsible to the holder of this Special Designated License.	
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sign / Allisac Dla-1	17-1/3
here ///////////////////////////////////	Doto
Authorized Representative/Applicant Title	Date
\sim \sim \sim	1 1
sign force Harry (a)	17/03
here Supervisor Title	Date
O Supre Table	

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.

Required for all Outdoor Events

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

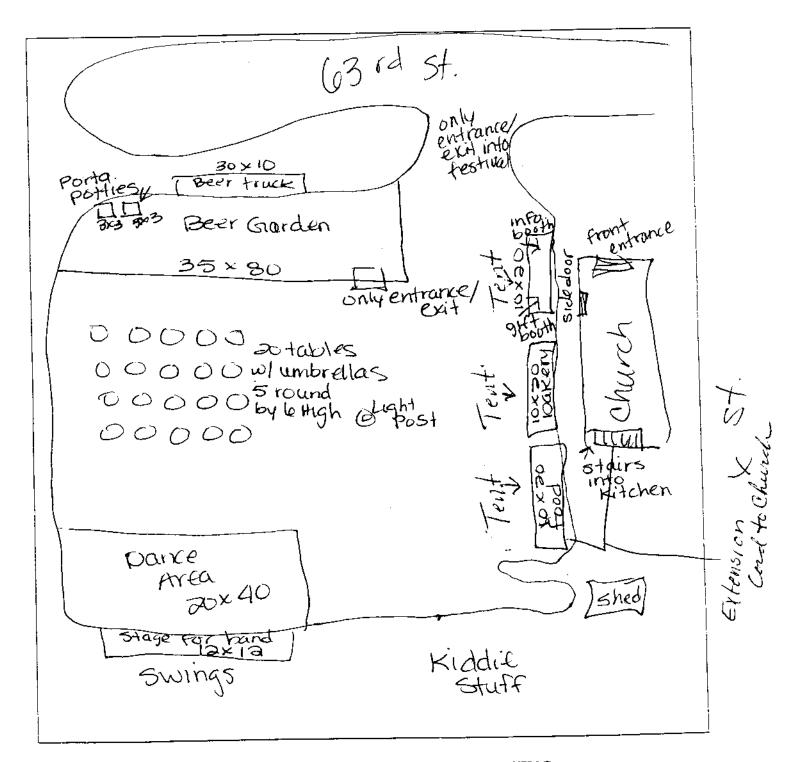
The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: My Big Fat Greek Festival
Applicant and Sponsoring Organization or Person (if applicable): Greek orthodox Church of the Anount ation
Date of Event: Q-19-03 + hru 9-21-03 Time of Event: 5pm/10pm 10am/10pm 10pn/5pm
Has the applicant applied for and received liquor liability insurance? YesNo
Number of persons expected to attend: Number of persons under 21 expected: Yes No
How will you ensure that minors will not be served or consume beverages containing alcohol: WISTDANDS, ONE ENTRANCE TO/FROM WEEK TENT, Ids Checked
Will food be served? X Yes No If yes, please list food to be served: GITLEK pastines (Baklava spanikopita) Gyros (Beefichicken) Shish Kebab (Beef Chicken)
Will non-alcoholic beverages be served: YesNo If yes, please list non-alcoholic beverages to be served:
Please identify the beverages containing alcohol that will be served: Wine Beer Distilled Spirits
Will this be a cash or complimentary bar?
Who will serve the beverages containing alcohol?
Will there be a charge for admission? Yes No
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes No If so, explain:
PLEASE USE REVERSE TO PROVIDE A DRAWING
6001e 40201 6-19-03
Applicant's Signature Date

TENT INFORMATION

Please provide a drawing showing the following:

- Number of Exits & Size.
- 2. Size & location of tent(s)
- 3. Size of area being used (102 x 115)
- 4. Location of cooking equipment (if used)
- 5. Location of tables & chairs



USE THE ABOVE BOX FOR YOUR DRAWING

internal Revenue Service District Director

Department of the Treasury

Date: May 15, 1978

Greek Orthodox Azehdiocose of North and South America and its affiliated Churches and Institutions 10 Rast 79th Street New York, New York 10021

Person to Contact: % Devicemport Contact Telephone Number: (212) 264-1079

Gentlemen:

Reference is made to your request for verification of the tax exempt status of your organization.

We are unable to furnish you with a copy of the original determination or ruling letter that was issued to your organization. However, our records indicate that exemption was granted as shown below.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that there has been no change in your organization's exempt status.

Sincerely yours,

ZEE Clarke H. Browner

District Director

Name of Organization: Greek Orthodox Archdiacess of North and South America

Date of Exemption Letter: October 26, 1942

Exemption granted pursuant to 1954 Code section 501(c) (3) or its predecessor Code section.

Foundation Classification (If Applicable): Fublic Foundation under Sections 170(b)(1)(a)(1) and 509(a)

P.O. Box 3200, New York, N.Y. 10008

3M911(10-74)

STEPS THAT WILL BE TAKEN TO ENSURE NO MINURS BE SERVED ANY CONTAINERS CONTAINING ALCOHOL.

1. The one entrance/exit Ids will be checked and a wristband given to persons) over age 21 indicating they are allowed to purchase alcoholic beverages. 2. Beer Garden area will be enclosed by an orange fence and under a tent with only one entrance/exit with a person (5) to check Id's.

2. There will be a sign posted at entrance lexit

3. There will be a sign posted at entrance lexit stating no person(s) under at allowed in beer garden which will be strictly enforced.

4. Liquor or any type of containers containing alcohol will not leave festival grounds.